

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 27076
Registrar's No. 6868

Registration District No. 7491

Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME CHARLES FURA

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 11 4 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 19
If less than one day hr. min.

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Medred Fura
(b) Address Besser 222
17. (a) Removal (b) Date thereof 8-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Besser 222

18. (a) Signature of funeral director Grayfield Funeral Home
(b) Address Besser 222
19. AUG 25 1941 (Date received local registrar)
(c) J. H. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County 999
(c) City or town Besser (If outside city or town limits, write "RURAL")
(d) Street No. RR-1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1941 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from Aug 5
1941, to Aug 23, 1941
that I last saw him alive on Aug 23, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death

- Due to Brain Tumor
Terminal Pneumonia
Malignant
Due to

- Other conditions
(Include pregnancy within 3 months of death)

- Major findings:
Of operations

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

23. Signature J. H. Bradeck (M. D. number)
Address BARNES HOSPITAL Date signed

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard B. Paulson

Licensed Embalmer No. 3114

P. O. Address St. Paul, Minn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.